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ABSTRACT

The first goal of the America 2000 initiative was to have all young children able to start school ready to learn by the year 2000. This paper summarizes the efforts of six communities to meet that goal through increased collaboration between health care providers and educational institutions, on the assumption that children's health is directly related to school readiness. The six projects discussed include: (1) the Healthy Alabama 2000 conference, held in Birmingham to encourage cooperation and formulate state goals; (2) the Crossing the Boundaries between Health and Education forum held in Macon, Georgia; (3) the Whole Child: New Strategies for Integrating Health and Education Initiatives in Minnesota forum held in Minneapolis; (4) the 35-member Task Force on School Health in West Virginia; (5) the Working Together for Healthy Children: Bridge-Building between Health and Education Services forum held in Rochester, New York; and (6) the Closing the Circle for Families forum held in Watsonville, California. All six projects affirmed the need for a health/education linkage and were conducted with the hope and expectation of continued activity, possibly leading to the formation of an ongoing health/education consortium. (MDM)

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Health/Education Collaboration:

Insights Into Six Field Activities

National Health/Education Consortium
Occasional Paper #5

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Health/Education Collaboration:

Insights Into Six Field Activities

National Health/Education Consortium
Occasional Paper #5

by

Carl Dolan

National Health/Education Consortium

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Introduction

In September of 1989, at a summit conference in Charlottesville, Virginia, our nation's governors and the President sent a powerful message to the American education and health communities when they declared that the number one National Education Goal was "By the year 2000 all children will start school ready to learn." The direct and ongoing effect of Goal #1 continues to be the challenge of collaboration presented to professions historically isolated from each other.

Educators no longer can assume their students are healthy enough to remain active learners; health care providers no longer can assume that service delivery to children and families must remain independent of the schools in their community.

Educators no longer can assume their students are healthy enough to remain active learners; health care providers no longer can assume that service delivery to children and families must remain independent of the schools in their community. At the national, state, and local levels, an ever-widening array of activities reveal the urgency with which school readiness concerns inform the work of politicians, business and civic leaders, researchers, foundations, government officials, church leaders, parent groups, and others.

Founded in May of 1990, the National Health/Education Consortium (NHEC), co-managed by the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership, seeks to expand the national dialogue on school readiness to include all prevention and early intervention issues that cut across both health and education boundaries. With 55 national professional associations, representing a collective constituency of nearly 11 million members, NHEC serves as both a catalyst and a convener for health/education activities at the national, state, and local levels.

Through the generous support of the Prudential Foundation, NHEC has been able to undertake several major national initiatives in health/education. In particular, the Prudential Incentive Fund has been created; a fund that provides local health/education collaborators with seed grants to launch various community activities to explore health/education issues and collaboration. Subsequently, both the Honeywell and AT & T Foundations have provided substantial support for additional health/education

activities that have led to a sizable expansion of NHEC's field work at the state and local levels.

In the pages that follow the reader will learn how and why six very different communities initiated various health/education activities, including community forums, research and publications, programs, and the formation of ongoing health/education consortia. From a predominately Hispanic school district in rural California, to a state legislator in New York, to a school of public health in Alabama, to a U.S. congressman in Georgia, to the Governor's office in West Virginia, to the United Way and Honeywell Corporation in Minnesota, the leadership that sparks such initiatives is as diverse as the health/education issues they seek to address.

NHEC offers these case studies to educate and inspire, if not entice, those interested in spawning such activities in their communities. You will find much here to think about doing when you consider what might best work in your state, city or town. If you are interested in learning more about any of these initiatives, or about the work of the National Health/Education Consortium in general, please call or write either address below:

National Commission to Prevent Infant Mortality
Switzer Building, Room 2014
330 C Street, S.W.
Washington, D.C. 20201
202/205-8364

Institute for Educational Leadership
Suite 310
1001 Connecticut Ave., N.W.
Washington, D.C 20036
202/822-8405

"Healthy Alabama 2000"

A University Sparks a Health/Education Collaborative Effort

Birmingham, Alabama

On October 28, 1991, the University of Alabama-Birmingham (UAB) School of Public Health spearheaded a conference entitled, "Healthy Alabama 2000." The conference grew out of a widespread need to address more formally the specific health and education issues confronting Alabama communities that require a collaboration of various professions and service providers.

The overwhelming health and education problems in Alabama are beyond the ability of any single agency or organization to change. One in three Alabama children live in poverty compared to the national average of one in five. Almost one-half of the population is uninsured or underinsured. Alabama families pay the second highest portion of total family income for health care in the nation. Some 800,000 Alabama adults read at a fourth grade level or less. A half million of those are illiterate. Only 57 percent of Alabamians age 25 or older had completed high school in 1990, the lowest percentage of high school graduates of any state in the nation.

"Healthy Alabama 2000" brought together over 300 invited community and state leaders for two days of interaction with researchers, academicians, practitioners and each other. The conference was designed to provide up-to-date research on health and education issues, to showcase effective program models, and gain input and commitment from attendees through action oriented work groups.

The Alabama Department of Public Health used the conference to introduce *Alabama's Health Objectives for the Year 2000*. This document was based on a series of statewide forums held to discuss the "Healthy Alabama 2000," which is the state extension of the United States Public Health Service's "Healthy People 2000" initiative. A task group was formed in Birmingham to put together the conference, which included the Schools of Public Health, Medicine, Nursing, Optometry, Dentistry, Health Related Professions and Education at the University, as well as representatives from the State Department of Public Health, State

Department of Education, Alabama Cooperative Extension Service, all major voluntary health organizations, Alabama Safety Council, and the Mental Health and the Primary Care Association.

Beyond the traditional keynoters and concurrent sessions was a unique and profoundly influential component for all those who attended "Healthy Alabama 2000." Caucus groups were organized around three broad categories: specific age groups, risk factors, and locations. Twenty-one topic areas were then developed for discussion, including pregnant women and infants, tobacco, access to care, nutrition, schools, worksites, etc. Caucus groups were designed to give each participant the opportunity to elect a topic to explore with colleagues representing a broad array of professions. Convened by a leader, an expert on the topic, each caucus was charged with the following two-part task: examine their topic in light of "Healthy Alabama 2000" objectives, and determine two doable action steps to be taken immediately. The success of these caucus groups was impressive. As a mechanism for capitalizing on peoples' interests and abilities and for encouraging collaborative dialogue, their value cannot be overstated. Evidence of the ongoing utility of the caucus groups was demonstrated recently by a mailing to all those invited to the initial conference who did not attend, asking them to participate in a caucus group of their choice. Unsupervised and convened by volunteers, the caucus groups have continued the health/education discussion for many. At present, they are exploring new ways to make programmatic innovations to implement their initial action steps.

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In addition to the grass roots activism of the caucus groups, several other efforts from the conference go forward under the general auspices of the University of Alabama-Birmingham School of Public Health. First, plans are underway for a second annual meeting to keep building momentum in health/education matters. At that meeting it is hoped that caucus group recommendations and actions will be compared to current state objectives. Second, two coalitions were galvanized into action as a direct result of "Healthy Alabama 2000" — the Alabama School Health Coalition and the Healthy Alabama Nutrition Coalition. Both have begun to develop mission statements and strategic plans for the future. Third, plans are afoot for a "Healthy Alabama 2000" newsletter. And finally, as a result of the conference, an effort to establish baseline data on physical fitness has been initiated. Under the leadership of a UAB researcher, physicians, students and their families statewide will participate in a series of surveys and assessments to determine knowledge, attitude, behavior and personal level of physical fitness.

"Healthy Alabama 2000" was supported primarily through in-kind/donated services in addition to modest support from the National Health/Education Consortium. At present, the conference task group is exploring how best to pursue local and state foundation monies, state monies from various agencies, the governor's discretionary funds, and potential support from the state chapters of national voluntary organizations. The UAB School of Public Health will continue to support discussions and actions by the various caucus groups as needed.

"Crossing the Boundaries Between Health and Education"

A Congressman, A Community College and a Children's Home Collaborate

Macon, Georgia

In June of 1991, U.S. Congressman J. Roy Rowland convened a community forum in Macon, Georgia, that gathered people from his district to discuss various issues related to children's welfare, education, and health. The forum was co-sponsored by the National Health/Education Consortium. Close to 150 people attended the meeting representing a broad spectrum of professions and community organizations. Titled "Crossing the Boundaries Between Health and Education," this forum sought to stimulate dialogue amongst the people in Georgia's 8th Congressional District interested in the collaboration and the integration of health and education services. To ensure that a sustained effort in these matters continued forth from this initial gathering, a steering group named the Rowland Committee was formed.

...the Committee faced a daunting challenge from the outset: How to serve both the rural and urban components in a congressional district more than one hundred miles wide.

Despite Congressman Rowland's deep personal commitment to these issues (he is a former family physician in Macon), the Committee faced a daunting challenge from the outset: How to serve both the rural and urban components in a congressional district more than one hundred miles wide. Further, there existed in Macon several other coalitions doing similar work — The Children's Coalition of Macon and Macon 2000. The Committee acted directly to address both concerns. First, it convened two subgroups, one to address rural, the other urban concerns. Second, it invited key players from the other coalitions and initiatives to meet with Committee members. As a result of these and other discussions, the Rowland Committee clearly defined its mission from the outset: "Develop and implement a cooperative plan for more efficient and effective delivery of health, education, and social services to children, youth, and their families."

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The Committee's work quickly coalesced around the leadership of two organizations — Macon College, a public two-year college, and the Methodist Home for Children & Youth, a private non-profit residential child care agency. Respected individuals in both institutions served as facilitators of the Committee. They

began by creating an advisory board comprised of community leaders from outside of the health and education professions, such as county commissioners, the Chamber of Commerce, and politicians. They also called in representatives of prominent state agencies (State Department of Education, Georgia Academy for Children & Youth) and national organizations (National Health/Education Consortium) to help galvanize and guide their efforts.

Since the original community forum met, the various sub-groups have continued to steadfastly pursue various activities:

- The Rowland Committee renamed itself the New Connections Committee.
- Committee members prepared an overview of pending local, state, and national legislation for Congressman Rowland's attention.
- Committee members attended the Georgia Institute on Community Collaboration for Serving Families and Children.
- Committee members travelled to Savannah, Georgia to visit the New Futures Project. This led to a more focused examination of how New Connections may proceed on the development of a school-based health clinic.
- New Connections continues to have rural and urban subgroups. These groups explore ways to collaborate, particularly in proposal development and fund raising.
- Macon College and the Methodist Children's Home continue to provide office space, staff and seed money to New Connections. In addition, resources have been contributed by a variety of private institutions including: Charter Lake Hospital, HCA Coliseum Psychiatric Hospital, Regional Development Commission, Bibb County Government, the local school board, the health department, and the department of social services.
- New Connections developed long-term goals and measurable objectives. The objectives were broken down into tasks that were assigned to various members of the collaborative, to be completed within a specific time frame.
- The Mayor and City Council of Macon sent out a letter to all child-serving agencies declaring that New Connections was authorized to serve as an official collaborative council for Bibb County.

In the near future, New Connections plans to launch a pilot project in Fall of 1992 that would place a full-time case worker from the Department of Family and Children in a local high school where they would work with at-risk youth and their

families. And finally, New Connections will soon issue a comprehensive "report card" on Bibb County that will inform various political and civic leaders about the status of funding for children, youth and families, and the need to further pursue collaboration.

The New Connections story unfolding in Georgia is instructive for several important reasons. First, it reveals the efficacy of well intended and well designed Congressional leadership at the local level. Acting as both a catalyst and convener, Congressman Rowland offered people in his district the impetus to move ahead on health/education concerns. Second, it shows the benefits of a resolute commitment on the part of the original Rowland Committee to overcome the hesitancy of many constituents through continuous face-to-face grassroots organizing. This was particularly important at the outset when many viewed the creation of another collaborative in Macon as redundant. Third, it offers both inspiration and practical suggestions to those who may also come from areas with both rural and urban communities. Finally, it illustrates how a public institution (Macon College) and a private institution (Methodist Home for Children and Youth) collaborate to provide the broad base of support necessary to move ahead.

"The Whole Child: New Strategies for Integrating Health and Education"

The United Way Joins with Honeywell To Expand the Dialogue

Minneapolis, Minnesota

Minneapolis is a city that takes seriously the numerous educational, social, health, and financial problems that prevent women, children, and families from gaining access to the services they need. As a result, the public and private sectors of Minneapolis view collaboration as a given whenever a focused effort is required to address a pressing concern. This unique and compelling dimension to the city's ethos and character revealed itself January 23, 1992, at a one-day forum titled "The Whole Child: New Strategies for Integrating Health and Education Initiatives in Minnesota." Nearly 250 people attended, representing a broad spectrum of service providers , policymakers and community leaders.

...the greatest initial and ongoing barrier to this United Way/Honeywell collaborative effort was the proliferation of other collaborative initiatives in Minneapolis and Minnesota...

The goal of the forum was to "bring to the table" individuals and institutions that typically do not work together and yet have a vested interest in their mutual success at lowering barriers that prevent full access to services. Under the leadership of the United Way - Minneapolis' Success By Six Program, with strong support from the Honeywell Corporation, The Whole Child forum was developed.

Ironically, the greatest initial and ongoing barrier to this United Way/Honeywell collaborative effort was the proliferation of other collaborative initiatives in Minneapolis and Minnesota — Way to Grow: Promoting School Readiness of Children, Action for Children Commission, Success by Six, Minnesota 2000, and Healthy Minnesota 2000. Early planning meetings resulted in a shared understanding that any new initiative should assist communities throughout the state build and increase their capacity to collaborate. As Pat Hoven from the Honeywell Foundation states, "Things are much better at the policy level in Minnesota than at the local level."

The first steps taken in developing the forum were to gather a large group of health and education leaders, from a broad spec-

trum of organizations, to oversee the planning process, and to retain the services of a program consulting firm, Marecek & Cairns. In conjunction with a smaller planning group, Marecek & Cairns was charged with the task of putting together both the substance and logistics of the actual forum. The consultants were able to act effectively as a third-party convener and organizer. They designed a forum that contained several notable features. The plenary sessions included, of course, the perfunctory keynotes from dignitaries and experts. But they also included examinations of model collaboratives and small group sessions that allowed providers to creatively pose solutions to barriers preventing integration.

In addition, the program included challenging symposia that forced public policy officials and service providers and recipients, sitting on different sides of the rostrum, to hear each other and to respond to various scenarios. These scenarios were distinctive in that they offered a narrative account of actual people through a case study approach, given by the service providers with whom they worked. For example, the story of a pregnant teen with a substance abuse problem was told by the teen herself, with the help of a counselor who advised her after treatment failed and her child was affected. Respondents to the scenarios included key state legislators, the commissioner of health, the Minneapolis school superintendent, the assistant commissioner of education, an education consultant, a pediatrician, a university faculty member, a medical society official, and others.

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In the past few months, the planning group and Marecek & Cairns took the initial policy recommendations generated from the Minneapolis forum and shepherded them through a series of focus groups around the state. Several were held in the Twin Cities with key leaders of the major collaboratives working on children's issues. Other meetings were held with community leaders from "greater Minnesota." The input from all of the focus group meetings will serve the dual purpose of promoting and fine-tuning the recommendations, and increasing the amount of local activity on health/education issues outside the environs of Minneapolis. As a result of these discussions a finalized action plan is soon to be completed. This plan will then be used to inform the work of a statewide health initiative (Healthy Minnesota 2000), and a statewide education initiative (Minnesota 2000). It will also assist other efforts around the state by providing a policy framework for future discussions.

The West Virginia School Health Task Force

The Governor, Two State Agencies, and a Private Citizen Join Forces

Charleston, West Virginia

The high incidence of poverty in West Virginia, particularly children's poverty, and chronic disease, such as cancer and heart disease, present leaders throughout the state with a rare combination of challenges that have led to innovative solutions. To meet these challenges both influential government officials and private citizens in West Virginia have begun to collaborate.

With strong support from Governor Gaston Caperton, three people have taken a lead role: Lenore Zedosky, Assistant Director of the Office of Educational Support Services for the West Virginia Department of Education, Sharon Lansdale, Director of Health Promotion for the West Virginia Bureau of Public Health; and Mr. C.E. "Jim" Compton, a successful businessman and concerned citizen from Clarksburg. Ms. Zedosky and Ms.Lansdale, working together at a conference sponsored by the U.S. Centers for Disease Control, decided it was a good time to explore a broader statewide collaborative effort focused on school health. Meanwhile, Jim Compton, a long time advocate for school health matters in the state, approached Governor Caperton about convening a West Virginia Task Force on School Health. Mr. Compton's state level leadership in school health follows directly from leadership at the local level in Harrison County, where he helped launch pilot programs and model projects in the schools.

Governor Caperton appointed and convened a 35-member Task Force on School Health in the spring of 1990, with Mr. Compton serving as Co-Chair. The Task Force was comprised of representatives from business, the state legislature, various state agencies, non-profit associations, higher education, and the education and health professions. The mission of the Task Force was to increase public awareness of what school health could and should be and to implement some programs in the state.

With a modest incentive grant from the National Health/Education Consortium, the Task Force was assisted in being able to

meet and discuss how best to proceed. Subsequent to these deliberations, the Task Force issued a 20 page report, "Building a Healthy Future," that outlined the core recommendations for a truly comprehensive school health program. Further, the NHEC grant enabled the Task Force to hold a regional school health conference in the northern panhandle of the state. On May 8, 1991, 67 people representing five counties gathered to discuss many of the recommendations under consideration by the School Health Task Force. They represented business, the medical community, education, and the state legislature.

The School Health Task Force quickly learned that one barrier to pursuing any school health agenda stems from a fear by local citizenry that the "state" has some predatory agenda in coming to a community.

The School Health Task Force quickly learned that one barrier to pursuing any school health agenda stems from a fear by local citizenry that the "state" has some predatory agenda in coming to a community. Lenore Zedosky, from the West Virginia Department of Education, has a simple and effective strategy for overcoming these fears, "Sit down and talk with citizenry from around the state and discuss the shared concerns and common goals everyone, including the state, has regarding West Virginia children." More specifically, she cites the hesitation many teachers have in embracing any school health initiative that asks them to tap into resources in the community to teach effectively. Successful strategies for overcoming these barriers included an emphasis on elementary education where teachers in general are more receptive to school health initiatives, and secondly, for the state to get involved only in counties and school systems that volunteer to participate.

The quality of the involvement of local citizenry is often the key to any successful school health effort. Lenore Zedosky goes on to state, "For local initiatives to take hold, there must be a true interchange of ideas from the outset. People from outside the community (consultants, state employees) must base all their recommendations upon existing strengths in the community. They must make ongoing collaborative efforts a true partnership. More specifically, they must empower leaders in the community to prioritize a couple of actions steps that are doable within the context of that community's strengths, resources and needs."

As a result of the work of the School Health Task Force, with ongoing leadership of Governor Caperton, and continuing interest on increased collaboration between the Departments of Education and Public Health, several important efforts are now underway in the state. First, Governor Caperton appointed a permanent School Health Committee to continue the work of the School Health Task Force. Second, four pilot sites from around the state were chosen as a result of a competitive process, to explore and develop how best to implement a comprehensive school health program. Long term plans include the doubling of school sites until there is a demonstration project in each school

district statewide. Funding for these activities have come from the creative use of AIDS education funding through the Centers for Disease Control, and Drug Free Schools money through the United States Department of Education. And finally, the School Health Committee is exploring ways to conduct more sustained, in-depth, in-service training for teachers of school health from throughout the state.

"Working Together for Healthy Children"

A State Legislator Sparks Community Activity

Rochester, New York

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The spark that ignites a local health/education initiative often is a specific individual, well respected in the community, who possesses a deep commitment to some issue or idea related to both health and education. In Rochester, New York, that individual is State Senator Jack Perry. With a long history of involvement with and advocacy for such critical issues as migrant workers, teen pregnancy prevention, and Head Start/Early Start, Senator Perry convened a meeting in the fall of 1991, of community leaders representing: the Rochester City Schools, Monroe County Health Department, Action for a Better Community, Ibero-American Action League, Greece Central School District, Rochester Area Foundation, Health & Education Services Network, and the Downtown Community Forum.

Charged with a general mission — "Gather together representatives from health, education, and health services to look at the needs and to explore collaboration" — the planning group struggled initially to identify an issue or perspective that would distinguish their future work from the numerous other collaborative/coalition efforts already at work in the Rochester community. After extensive discussions they decided upon the theme of preventable learning impairments such as smoking, lead poisoning, malnutrition, child abuse and neglect, fetal drug and alcohol exposure, and low birth weight.

With a modest grant from the National Health/Education Consortium and with the Downtown Community Forum acting as the host institution, a Rochester health/education forum quickly took shape. Titled "Working Together for Healthy Children: Bridge-Building Between Health & Education Services," the forum was held on November 22, 1991. Approximately 300 people attended representing health and education professions — school principals and teachers, physicians, health educators, managers and coordinators of programs with child health, attorneys, and civic leaders. The first half of the forum consisted of different panelists making presentations and responding to ques-

tions from the floor. Microphones located around the hall enabled participants to have easy and audible access to the panelists.

The second half of the forum consisted of small working groups to which participants were assigned. The groups were facilitated by local experts who had undergone a two-hour "training/orientation" session prior to the conference. Each group was asked to propose one action step related to their topic. These recommendations were then presented and discussed during a closing plenary session. At midday, the First Lady of New York, Matilda Cuomo, gave the luncheon address where she argued for the importance of ensuring childrens' health and outlined the many programs in which she has been involved.

Follow-up to the Forum has included several notable events. Initial recommendations from the working groups were circulated to other Rochester area coalitions and consortia, the United Way for example, for their review and response. Sally Jo Crosiar from the Health & Education Services Network, and one of the original members of the planning group, became the lead individual for follow-up and ongoing work for any activity generated from the forum. This included her being awarded a grant, along with the Smoking & Health Action Coalition, to develop media spots for radio, television, and print media targeting youth with a message of prevention. Further, Ms. Crosiar summarized the proceedings of the forum and its recommendations which were then submitted to local newspapers for publication. A detailed transcription of the forum's proceedings is currently being finalized. Once completed, it will be circulated to forum participants.

More sustained, long-term preventative models for intervention that require collaboration between health and education will happen in spite of government efforts rather than because of them.

Because of the numerous coalitions and consortia already in existence in Rochester there was little reason to continue the work of the forum through a separate, autonomous organization. Senator Jack Perry created the initial impetus and the Downtown Community Forum provided the initial organizational base. Beyond the good efforts of Sally Jo Crosiar little continuing follow-up has occurred. According to Ms. Crosiar, one very large barrier exists in New York concerning health/education initiatives in general, namely, "State legislatures see collaborative efforts as 'one time only' or 'flash in the pan' efforts. More sustained, long-term preventative models for intervention that require collaboration between health and education will happen in spite of government efforts rather than because of them. There is little incentive for a state legislator to take the long view."

"Closing the Circle for Families"

School System Convenes a District-wide Interagency Collaborative

Watsonville, California

Pajaro Valley Unified School District is one of the largest school districts in Northern California, presently serving a K-12 student population of 16,000. The majority of the school district lies within the Watsonville city boundaries where the predominately Hispanic population continues to grow at 3 to 4 percent per year. Currently, the District maintain 17 elementary schools, four middle schools, two high schools, one continuation high school, and five children centers. Of particular interest is the District's migrant education program, one of the largest in the nation, serving over 5,000 students annually.

Due to the large migrant population and the high number of residents living more than 200 percent below the poverty line, Pajaro Valley Unified School District has long understood the primacy of children's health as it effects their ability and potential to learn. In the words of Christine Amato, Director of Special Services for the school district, "I have the strong belief that when looking at kids you are really looking at symptoms...one needs to look at kids in the context of their families." As a result of such forward thinking and strong leadership, Pajaro has taken a lead role in the state with regards to "one-stop shopping" and school-based clinics. It is into this context that the National Health/Education Consortium began to work with the school district on the development of a health/education forum.

With the school acting as the convener, a planning group was formed, comprised of local assemblymen, a state Senator, city council representatives, heads of local agencies and community based organizations. The stated goal from the outset was deceptively easy to word, "Improve health and human services for all children." The greatest barrier, according to Ms. Amato, "was and continues to be ourselves. The belief that we could do, and how we could do business. Developing the trust...allowing the bumps to happen ...mapping out and reconfiguring our resources were all related to what we individually believed was possible. Making it a learning experience had to happen."

On Saturday, June 1, 1991, the "Closing the Circle for Families" forum was held in Watsonville; over 250 people attended. With inspirational words from both U.S. California Congressman Leon Panetta and Maureen DiMarco, who is Governor Wilson's Cabinet Secretary for Children, along with productive small group sessions comprised of mixed participants who rarely get to talk with one another, the forum produced a much broader base of community support and participation in the collaborative agenda necessary to move health/education concerns along in the Pajaro School District. A summary and evaluation of the conference soon followed and from that a 45 step action plan was generated to guide the efforts of what is now titled the Pajaro Valley Interagency Collaborative (PVIC).

PVIC meets monthly, has an advisory committee, and is involved with numerous projects and activities throughout the school district that require a more collaborative approach, including:

- Fundraising and grant seeking with public agencies at the state and local levels, and with private foundations at the state and national level.
- Coordination with the California State Interagency Collaborative's Healthy Start Program.
- Development of a resource directory of all 160 services and 40 agencies serving children, youth and families in the Pajaro Unified School District. It will be distributed district-wide.
- Oversight of the work of four "one-stop shopping" sites, which offer a variety of services ranging from health screenings, dental, counseling, employment training, education and wellness training opportunities.
- Implementation of an advisory committee of consumers to provide feedback to PVIC on site-based services.

"You have got to be organized to run an interagency collaborative....you can not plan enough. People need to know exactly what they are to do because unspoken assumptions lead to work falling between the cracks."

PVIC offers the state of California, if not the nation, a look into the future of health, education and human services, where the challenge of collaboration becomes a prerequisite for increased access and improved service delivery to children and families. Barriers that continue to impede their progress can easily be anticipated — money, bureaucratic red tape concerning Medicare eligibility for school children, confidentiality concerns, and lack of time. Again, Christine Amato, "You have got to be organized to run an interagency collaborative....you can not plan enough. People need to know exactly what they are to do because unspoken assumptions lead to work falling between the cracks."

Despite all the excitement and productivity of the Pajaro Valley Interagency Collaborative, Ms. Amato concludes with a cautionary and visionary concern, "There is no evidence to show that

collaborative efforts and integration of services works. We do not know yet if it empowers families to overcome poverty." A provocative thought to close with to be sure. One cannot help but think that what is afoot in Watsonville, California, may help answer that question.

Conclusion

Although these six profiles differ widely, the cases they relate offer important insights into successful health/education collaboration. First, each effort put forth, regardless of the convening institution or individual, affirmed the need for a health/education linkage. Second, changing demographics often prompted communities into action, as evidenced by the Watsonville, California and Birmingham, Alabama stories. Third, local activities can be spawned with modest financial support — average NHEC/Prudential Incentive Fund grants were in the $1,500 - $3,000 range. And finally, initial forums were all conducted with the hope and expectation for continued activity, possibly leading to the formation of an ongoing health/education consortium.

However, one of the most significant and compelling insights into health/education collaboration remains an untold story; namely, how individual professional lives can be transformed. Christine Amato from Watsonville, California sums it up best when she states, "[collaboration] is probably the most exciting thing I have ever done professionally...it makes so much sense to treat kids and their families holistically." Through successful health/education collaboration healthcare providers and educators are led to redraw the boundaries of their professions to include each other. In doing so they often renew and expand their sense of purpose and commitment to helping children, youth and families.

The National Health/Education Consortium is privileged to have the support of its 55 member organizations, as well as that of several generous corporate foundations, in its effort to cosponsor and assist various state and local field activities. The six stories you have just read describe several of NHEC's initial forums. By the close of 1992, however, NHEC will be involved with 20 field sites including programs in Florida, Arizona, Illinois, Oklahoma, California, Vermont, Massachusetts, Pennsylvania, Texas, and Michigan.

Many other national and state level initiatives, as well as government and corporate efforts, are currently underway to help stimulate and sustain much needed dialogue and collaboration

between the health and education sectors. NHEC applauds and encourages the continued expansion of such activity; without it, significant progress toward improved health for growing numbers of our nation's school children and their families would be greatly diminished.

National Health/Education Consortium

Good health is a significant determinant of a child's ability to learn and succeed in school. The health and education sectors, however, have historically approached programs and services for children from different perspectives. Recognizing the need for better integration of health and education programs for children, the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership organized the NATIONAL HEALTH/EDUCATION CONSORTIUM in May 1990.

The project is unique in that it has brought together leaders from 55 national health and education organizations, representing nearly 11 million constituents, to bridge the gap between the worlds of health and education and to generate unified action for children. Promoting the full potential of children and providing them with the best opportunities for success will require changes in the systems which currently provide health and education services. Reforms are needed to develop more collaborative and cohesive policies and programs, unify agencies and funding streams, and provide a more comprehensive approach to children's problems.

Toward this end, the NATIONAL HEALTH/EDUCATION CONSORTIUM's activities focus on three major goals: to improve public policy in addressing the need for a better coordinated health and education delivery system; to strengthen communication and dissemination of information between health and education activities and policymakers; and to identify exemplary program models and practices which more effectively integrate health and education services. The Consortium involves educators, health professionals, policymakers, administrators, civic leaders, advocates, and parents in its efforts to bring together the health and education communities in a more integrated fashion.

The Consortium is able to attract high profile business, political, health and education leaders to give visibility and implement its mission at the federal, state, and local levels. It does not represent any particular special interest group, but can bring to bear the weight of national association consortium members on behalf of its mission. In addition, the consortium creates state and local networks across the country that will plant the seeds for similar collaborative efforts at those levels.

The foundation of the Consortium's efforts can be found in the report, *Crossing the Boundaries between Health and Education*, which documents clinical research and programs that exemplify the relationship between children's health and their learning potential. To complement this report, the Consortium is releasing a series of papers which focus on various topics relating to health and education.

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For more information, please contact:

The National Commission to Prevent Infant Mortality
Switzer Building, Room 2014
330 C Street, SW
Washington, DC 20201
(202) 205-8364

OR

Institute for Educational Leadership
1001 Connecticut Ave, NW
Suite 310
Washington, DC 20036
(202) 822-8405

National Health/Education Consortium Members and Profiles

American Academy of Family Physicians: 66,000 physicians

American Academy of Pediatrics: 39,000 physicians

American Association of Colleges for Teacher Education: represents 700 member institutions teacher education programs

American Association of School Administrators: 18,517 school administrators

American College of Nurse-Midwives: 3,000 certified nurse-midwives

American College of Obstetricians and Gynecologists: 29,848 obstetricians and gynecologists

American Dental Association: 138,217 dentists

American Federation of Teachers: 750,000 teachers, para-professionals (teacher aides), school-related personnel, healthcare workers, federal and state employees

American Hospital Association (MCH Section): 5,870 hospitals and physicians

American Indian Health Care Association: represents 36 programs and clinics which focus on the health care of American Indians

American Medical Association: 300,000 physicians

American Nurses Association: 201,000 registered nurses

American Public Health Association: 30,977 physicians, nurses, therapists, health technicians, health support personnel, and other health professionals

American School Health Association: 3,000 health educations, nurses, physicians, and dieticians

Association for the Care of Children's Health: 4,200 nurses, child life workers, and parent leaders

Association for Supervision and Curriculum Development: 153,000 teachers, school administrators, college professors, and school board members

Association of American Medical Colleges: 126 U.S. medical schools, 450 teaching hospitals, and 92 academic professional societies

Association of Maternal and Child Health Programs: represents 269 maternal and child health programs and their directors

Association of Schools of Public Health: represents 13,000 deans, faculty, and students of schools of public health

Association of State and Territorial Dental Directors: represents 58 state and territorial dental directors.

Association of State and Territorial Health Officials: represents the 58 health officers from each of the United States and its territories.

Council of Chief State School Officers: represents 56 public officials who head departments of elementary and secondary education in each state and extrastate jurisdiction

The Council of Great City Schools: represents 46 of the largest urban public school districts in the United States

The Elementary School Center: represents 500 child-serving professionals

Healthy Mothers, Healthy Babies Coalition: represents 95 non-profit health education groups, and state and local education groups

NAACOG (The Organization for Obstetric, Gynecologic and Neonatal Nurses): 24,000 nurses

National Alliance of Black School Educators: 3,000 African-American teachers for Grades K-12

National Association for Asian and Pacific American Education: 594 members representing administrators, teachers, institutional aids, social workers, mental health workers, and students among others

National Association for the Education of Young Children: 77,000 members representing a wide range of early childhood professionals

National Association for Partners in Education: 5,5000 volunteers, presidents and executives of private businesses, teachers, and administrators

National Association of Children's Hospitals and Related Institutions: represents 108 hospitals

National Association of Community Health Centers: represents 600 health care facilities

National Association of Elementary School Principals: 36,000 elementary school principals, middle school principals, school superintendents, teachers, professors, and instructors

National Association of Hispanic Nurses: 1,000 Hispanic nurses

National Association of Pediatric Nurse Associates and Practitioners: 2,800 pediatric nurse associates and practitioners

National Association of School Nurses, Inc.: 5,800 school nurses

National Association of Secondary School Principals: 41,000 secondary school principals, administrators, guidance counselors, activities directors, and college professors

National Association of Social Workers, Inc.: 137,763 members in all fields of social work

National Association of State Boards of Education: represents 600 state boards of education and their members

National Association of WIC Directors: 624 state directors, nutrition coordinators, and local agency directors

National Black Nurses Association: 7,000 African-American nurses

National Center for Clinical Infant Programs: represents 7,500 programs for high risk children and families, as well as individuals

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO): 700 organizations serving the Hispanic population, representing Hispanic physicians, nurses, and students

National Community Education Association: 1,600 teachers, superintendents, administrators, community education directors and coordinators, faculty and administrators of teacher education institutions and programs, community activists, private businesses, and state administrators

The National Congress of Parents and Teachers: 6.8 million parents, K-12 classrooms teachers, principals, school administrators, and students

National Education Association: 2 million K-12 classroom teachers, professors, educational support personnel, and students

National Head Start Association: 150 nationwide agency members and 30 individual members

National Indian Education Association: 2,500 members, most of whom are Native American educators

National Medical Association: 16,000 minority physicians

National Mental Health Association: 550 local affiliate mental health associations representing mental health care providers, clients, and community health care centers

National Perinatal Association: 6,000 physicians, nurses, nurse-midwives, social workers, and consumers of perinatal services

National Rural Health Association: represents 1,750 community, migrant, and homeless health centers and their staffs

National School Boards Association: represents 52 state school board associations

National School Public Relations Association: 2,200 teachers, principals, administrators, retired teachers, students, and public relations personnel

Society for Neuroscience: represents 18,000 neuroscientists

This document does not necessarily reflect the viewpoints or positions of any of the Consortium's members.